

**Mr Sherif Awad PhD, FRCS**  
**Consultant Upper GI, Bariatric & Laparoscopic Surgeon**

Patient ID label

**Laparoscopic Anti-Reflux Surgery Consent Sheet (LARS1)**

Patient  
Initials

I am requesting that **laparoscopic anti-reflux surgery** (keyhole surgery to improve my symptoms of gastro-oesophageal reflux disease (GORD)) be performed on me. I have had explained to me the risks, benefits and alternatives to this procedure as listed below, and as described in detail during my preoperative appointments.

I understand that my condition of GORD may typically cause recurrent symptoms such as heartburn, indigestion, acid or food reflux and difficulty swallowing in some patients. I understand that severe untreated GORD may result in long-term complications such as ulceration and narrowing of the gullet. I understand non-surgical treatment options include symptomatic and/or regular medication. I am seeking surgical treatment having previously trialled medical therapy.

I understand that this surgical procedure has the risk of different types of complications, which may require elective or emergency medical or surgical (re-operation) treatment. I also understand that there are things the surgeon can do to reduce the risks of surgery but not eliminate the risks of surgery or prevent all complications. I understand some of these complications may occur many years down the line following surgery.

I understand that **potential GENERAL complications of keyhole surgery may include (but are not limited to):**

- Wound infection that may require drainage and/or antibiotics. Future wound hernias that may require another operation to treat.
- Bleeding that may require blood transfusion and/or re-operation.
- Blood clots which may form in the legs causing pain and swelling or, rarely, blockage of veins in the lungs leading to breathing problems which may be life threatening or fatal (pulmonary embolism).
- Injury to internal organs that may require re-operation. These organs include the oesophagus (gullet), stomach, lung, spleen, liver, intestines, bowel and blood vessels.
- The need to convert to an open operation if my operation cannot be completed by the keyhole technique.
- Future bowel blockage (obstruction) due to scar tissue "adhesions" that may require surgery to treat.
- Death, which, although rare, may result from any severe complication despite maximal medical or surgical therapy.

I understand that **potential complications SPECIFIC to anti-reflux surgery may include (but not limited to):**

- Difficulty swallowing which occurs temporarily in majority of patients, but can be permanent in some.
- Inability to belch or vomit. Occurrence of gas bloating which can cause discomfort, abdominal distension and increased flatulence (passage of wind through the tail-end).
- Damage to the vagus nerves that may cause delayed stomach emptying and troublesome diarrhoea, symptoms which could reduce my quality of life.
- Recurrence of my original symptoms after surgery if the surgical repair weakens/fails over time.

This request and consent for surgery is being signed by me with the full understanding of the information contained above in this document based on my review of it and my discussions with my medical team who have answered my questions to my satisfaction.

**Patient Name:** \_\_\_\_\_ **Patient Signature:** \_\_\_\_\_  
**Staff Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_ **Designation:** \_\_\_\_\_  
**Date:** \_\_\_\_\_